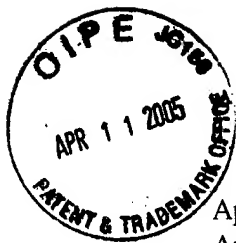


1636
8FW

Atty. Docket No. JAB-1415



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Contreras et al. Confirmation No.: 1386
Appln. No. : 09/763,011
Filed : February 14, 2001
Title : DRUG TARGETS IN CANDIDA ALBICANS
Art Unit : 1636
Examiner : Ramin Akhavan

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 8, 2005

(Date of Deposit)

Laura A. Donnelly

(Name of applicant, assignee, or Registered Representative)

/Laura A. Donnelly/

(Signature)

April 8, 2005

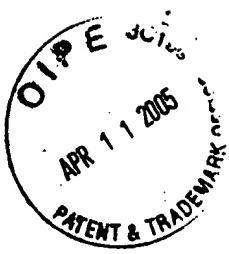
(Date of Signature)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Restriction Requirement of March 8, 2005, the time for responding thereto being set to expire April 8, 2005, please amend the above-identified application as follows:



Serial No. 09/763,011 Docket No. JAB-1415 By: LAD
Application of: Canteras et al Mailed: April 8, 2005
Entitled: Drug Targets in Candida Albicans

THE FOLLOWING HAS BEEN RECEIVED IN THE U.S. PATENT OFFICE ON THE DATE STAMPED HEREON:

- | | |
|---|---|
| <input type="checkbox"/> Oath or Declaration | <input type="checkbox"/> Drawings _____ sheets |
| <input type="checkbox"/> Assignment | <input type="checkbox"/> MPEP 609/_____ |
| <input checked="" type="checkbox"/> Response to Restriction Requirement | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Fee Transmittal | <input type="checkbox"/> Brief |
| <input checked="" type="checkbox"/> Charge to Deposit Account 10-0750 | <input type="checkbox"/> Priority Document |
| <input type="checkbox"/> Amendment | <input type="checkbox"/> Status Inquiry |
| <input type="checkbox"/> Extension of Time | <input type="checkbox"/> Sequence Listings/Diskette |
| <input type="checkbox"/> Issue Fee Transmittal | <input type="checkbox"/> Biological Deposit Declaration |
| <input type="checkbox"/> PCT Filing _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IDS-Form 1449 | |